



Disability Management Systems

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<http://www.access.duke.edu>

**Duke University/Health System Accommodation Fund
Request for Funding (Employee)**

Employee Name: _____

Address: _____

Phone: _____

Department: _____

Job Title: _____

Equipment/Service Requested (Include cost and vendor, if possible):

Purpose of Equipment/Service Requested (e.g. what function does the equipment/service provide and how does this relate to the individual's disability job duties?)

What level of partial funding is available from the employee's work unit?
(Partial funding by the work unit is strongly encouraged.)

How does the employee currently perform job duties without the requested equipment/services?

Has the Reasonable Accommodation Process been implemented? ____ Yes ____ No

Is the employee's supervisor aware of and supportive of the requested accommodation?

Name of person making request

Date

Address

Phone